Regional Cancer Institute (WIA),

Adyar, Chennai, Tamil Nadu
Acharya Harihar Regional Cancer, Centre for Cancer Research & Treatment, Cuttack, Orissa

Regional Cancer Control Society,
Shimla, Himachal Pradesh

Cancer Hospital & Research Centre,
Gwalior, Madhya Pradesh

Indian Rotary Cancer Institute, (AIIMS), New Delhi

R.S.T. Hospital & Research Centre,
Nagpur, Maharashtra

Pt. J.N.M. Medical College,
Raipur, Chhattisgarh.

Pondicherry Regional Cancer Society,

JIPMER, Pondicherry.
Dr. B.B. Cancer Institute,
Guwahati, Assam.

Tata Memorial Hospital
Mumbai, Maharashtra

Indira Gandhi Institute of Medical Science, Patna, Bihar

Acharya Tulsi Regional Cancer Trust & Research Institute (RCC) Bikaner, Rajasthan

Regional Cancer Centre, Pt. B.D. Sharma Post Graduate Institute of Medical Sciences,
Rohtak, Haryana

Implementation of Blindness Control Programme

462. SHRI K. RAHMAN KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the targets fixed for control of blindness for the years 1999, 2000 and 2001 under the National Programme for Control of Blindness;

(b) whether the targets were achieved during the said years; and

(c) the strategy to meet the shortfalls in the implementation of the programme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The Details of cataract

operations targeted and performed under the programme during 1999-2000 & 2001 are as under:—

Year	Target	Performance	%
1999-2000	3500000	3500065	100.00
2000-2001	3690170	3644640	98.77
2001-2002	3931056	3725579	94.77

(c) The strategy being undertaken to meet the shortfalls in the implementation of the programme is as follows:

(1) Upgradation of Primary Health Centres, Rural Hospitals, District Hospitals, Medical Colleges and Regional Institutes of Ophthalmology to provide eye care facilities to the masses.

(2) Extend the coverage and upgrade the quality of surgery to reduce the backlog of untreated cataracts.

(3) Develop human resources and institutional capacity for eye care through training and supply of equipments and consumables.

(4) Promote public awareness and involve NGOs and private sectors in eye care delivery.

(5) Expand the programme to cover all causes of blindness.

Deficiencies in implementation of NTCP

463. SHRI K. RAHMAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the deficiencies noticed by the CAG in the implementation of the National Tuberculosis Control Programme and referred to in his brochure on the Audit Reports; and

(b) Government's reaction thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The deficiencies referred to by CAG in his brochure on the audit report and Government's reaction thereto are given in Statement. (*See* below). Detailed reasons for the deficiencies pointed out by CAG in the audit report has already been given to CAG.